	ENTRY BLANK BIN - Upper 5)
	PLEASE TYPE OR PRINT OUTSIDE CAGE
00	□ Ms. 11 12 = 2.5 =
Z	Mr. Artist TUCH CEPEIS
9	(Last Name Last)
BN	Permanent 30 GOMMERON DE AL IN AN
TO	Address 39 GRAMERCY PKN. NYN)
5	Street (2)
-3	10010 Daytime rel.212)966 4723
Jan.	Zip Area Codé
150	Studio Address 270 BOWERY NY NY
J'A	Street City
45	10012 017 9664772
35	Zip Area Code
32	If you do not presently live in one of the counties of the
I d	Western Reserve, in which county were you born?
RA	RUNTIENL: POMIL HEALADIALO
1	(If Any)
D.	If May Show entries are not accepted or not sold:
Col	☐ Artist will pick up at Museum.
The	Museum should dispose of.
12	Museum should ship to artist at artist's expense
d.	to this address: 270 BOWEN NYC 1001
H	Special Instructions
1870	When necessary include below instructions or a drawing of how
12	the object is to be assembled and displayed.
1	This Entry blank must be fully made out and signed. Unsigned
1	Entry Blanks will not be accepted.
~	Note carefully calendar for delivery and return of objects. It is
DO	understood that the Museum will have the right to dispose for
N	its own account any objects not called for by the dates listed.
T	It is also understood that accepted objects will remain on
DET.	exhibition until June 29, 1986.
TA	The submission of objects will be construed as an acceptance
5	by the artist of all terms and conditions printed in the

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Signature

4/10/86